

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	P.S.	66621	11/1
O.I.P.E. CLASSIFIER		8	11-1500
FORMALITY REVIEW	SAC	527	10-5-02
RESPONSE FORMALITY REVIEW	SAC	1091	7-10-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 : ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10-08-01
2	✓	✓	10-08-01
3	✓	✓	10-08-01
4	✓	✓	10-08-01
5	✓	✓	10-08-01
6	✓	✓	10-08-01
7	✓	✓	10-08-01
8	✓	✓	10-08-01
9	✓	✓	10-08-01
10	✓	✓	10-08-01
11	✓	✓	10-08-01
12	✓	✓	10-08-01
13	✓	✓	10-08-01
14	✓	✓	10-08-01
15	✓	✓	10-08-01
16	✓	✓	10-08-01
17	✓	✓	10-08-01
18	✓	✓	10-08-01
19	✓	✓	10-08-01
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21	✓	✓	10-08-01
22	✓	✓	10-08-01
23	✓	✓	10-08-01
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25	✓	✓	10-08-01
26	✓	✓	10-08-01
27	✓	✓	10-08-01
28	✓	✓	10-08-01
29	✓	✓	10-08-01
30	✓	✓	10-08-01
31	✓	✓	10-08-01
32	✓	✓	10-08-01
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42	✓	✓	10-08-01
43	✓	✓	10-08-01
44	✓	✓	10-08-01
45	✓	✓	10-08-01
46	✓	✓	10-08-01
47	✓	✓	10-08-01
48	✓	✓	10-08-01
49	✓	✓	10-08-01
50	✓	✓	10-08-01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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